OCT 11 2006 12:42 FR KIMBERLY-CLARK 7705877324 TO 915712732885 P.01/01 PART B - FEE(S) TRANSMITTAL Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 OCT 1 1 2006 or Fax (571)-273-2885 INSTRUCTIONS: They form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where the parate. 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TYPE 12/13/2006 \$0 \$1400 nonprovisional NO \$1400 \$0 ART UNIT CLASS-SUBCLASS EXAMINER OSELE, MARK A 1734 156-187000 Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent from page, list Nathan P. Hendon (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. <u> 2Richard M. Shane</u> (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. Tree Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) Kimberly-Clark Worldwide, Inc. Neenah, Wisconsin Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 🖔 Corporation or other private group entity 🚨 Government 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) 4a. The following fee(s) are submitted: (X) Issue Fee A check is enclosed. ☐ Payment by credit card. Porm PTO-2038 is attached. Publication Fee (No small entity discount permitted) The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 11-0875 (enclose an extra copy of this form). Advance Order - # of Copies Change in Entity Status (from status indicated above) a. 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